## **SBDM Endorsed Trainers' Network Verification of Training Report**

A minimum of two (2) mandated New Council Member trainings must be conducted per calendar year in order to maintain endorsement as an SBDM certified trainer. To verify this requirement has been met, **trainers must complete** this form and submit it to the Kentucky Department of Education by **January 2 of each calendar year**. Failure to comply may result in suspension of training endorsement.

POSITION: HOME ADDRESS:			DATE:			
			_ SCHOOL/DISTRICT/BUSINESS NAME:			
			SCHOOL/DISTRICT/BUSINESS ADDRESS:			
HOME PHONE NUMBER:			SCHOOL/DISTRICT/BUSINESS PHONE NUMBER:			
E-MAIL ADDRESS:				FAX NUMBER:		
Date	Session Topic(s)	Hours Awarded	# Members	stach additional pages if necessary.  School and District Name	Contact Person's Name and Phone Number	
Date	cession replaces		Trained	Concor and District Name	and Friend Named	
	RETURN CO	OMPLETED I	FORM BY J	ANUARY 2 OF EACH YEAR TO THE FOL	LOWING ADDRESS:	

Kentucky Department of Education Division of Leadership Development 15<sup>th</sup> Floor, Capital Plaza Tower Frankfort, Kentucky 40601